CONTINENTAL MANOR

600 E ELM S

ABBOTSFORD 54405 Phone: (715) 223-2359		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	59	Average Daily Census:	59

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	28.8
Supp. Home Care-Personal Care	No					1 - 4 Years	45.8
Supp. Home Care-Household Services	No	Developmental Disabilities	6.8	Under 65	3.4	More Than 4 Years	25.4
Day Services	No	Mental Illness (Org./Psy)	33.9	65 - 74	11.9		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	28.8		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	45.8	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	13.6	95 & Over	10.2	Full-Time Equivalent	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	5.1		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	10.2	65 & Over	96.6		
Transportation	No	Cerebrovascular	11.9			RNs	15.1
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	7.0
Other Services	Yes	Respiratory	5.1			Nursing Assistants,	
Provide Day Programming for	ĺ	Other Medical Conditions	13.6	Male	28.8	Aides, & Orderlies	44.1
Mentally Ill	No			Female	71.2		
Provide Day Programming for	j		100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	0	0.0	0	1	2.4	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7	
Skilled Care	11	100.0	347	40	95.2	110	0	0.0	0	6	100.0	153	0	0.0	0	0	0.0	0	57	96.6	
Intermediate				1	2.4	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	11	100.0		42	100.0		0	0.0		6	100.0		0	0.0		0	0.0		59	100.0	

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	9.5	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent -	Residents
Private Home/With Home Health	7.1	Bathing	0.0		67.8	32.2	59
Other Nursing Homes	9.5	Dressing	22.0		71.2	6.8	59
Acute Care Hospitals	69.0	Transferring	25.4		64.4	10.2	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.4		67.8	6.8	59
Rehabilitation Hospitals	0.0	Eating	33.9		61.0	5.1	59
Other Locations	4.8	******	******	*****	******	*******	******
Total Number of Admissions	42	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.5	Receiving Resp	iratory Care	6.8
Private Home/No Home Health	9.3	Occ/Freq. Incontiner	nt of Bladder	42.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	25.6	Occ/Freq. Incontiner	nt of Bowel	28.8	Receiving Suct	ioning	0.0
Other Nursing Homes	4.7	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	9.3	Mobility			Receiving Tube	Feeding	3.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	33.9
Rehabilitation Hospitals	0.0					-	
Other Locations	14.0	Skin Care			Other Resident C	haracteristics	
Deaths	37.2	With Pressure Sores		3.4	Have Advance D	irectives	76.3
Total Number of Discharges		With Rashes		10.2	Medications		
(Including Deaths)	43	İ			Receiving Psyc	hoactive Drugs	33.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*********************	******		ership:		******* Size:		ensure:		
	This	Proj	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	90	Ratio	90	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	88.5	1.11	89.0	1.10	90.5	1.09	88.8	1.11
Current Residents from In-County	27.1	80.0	0.34	81.8	0.33	82.4	0.33	77.4	0.35
Admissions from In-County, Still Residing	7.1	17.8	0.40	19.0	0.38	20.0	0.36	19.4	0.37
Admissions/Average Daily Census	71.2	184.7	0.39	161.4	0.44	156.2	0.46	146.5	0.49
Discharges/Average Daily Census	72.9	188.6	0.39	163.4	0.45	158.4	0.46	148.0	0.49
Discharges To Private Residence/Average Daily Census	25.4	86.2	0.29	78.6	0.32	72.4	0.35	66.9	0.38
Residents Receiving Skilled Care	98.3	95.3	1.03	95.5	1.03	94.7	1.04	89.9	1.09
Residents Aged 65 and Older	96.6	92.4	1.05	93.7	1.03	91.8	1.05	87.9	1.10
Title 19 (Medicaid) Funded Residents	71.2	62.9	1.13	60.6	1.17	62.7	1.14	66.1	1.08
Private Pay Funded Residents	10.2	20.3	0.50	26.1	0.39	23.3	0.44	20.6	0.49
Developmentally Disabled Residents	6.8	0.9	7.64	1.0	6.57	1.1	6.05	6.0	1.12
Mentally Ill Residents	33.9	31.7	1.07	34.4	0.99	37.3	0.91	33.6	1.01
General Medical Service Residents	13.6	21.2	0.64	22.5	0.60	20.4	0.66	21.1	0.64
Impaired ADL (Mean)	45.4	48.6	0.93	48.3	0.94	48.8	0.93	49.4	0.92
Psychological Problems	33.9	56.4	0.60	60.5	0.56	59.4	0.57	57.7	0.59
Nursing Care Required (Mean)	7.2	6.7	1.08	6.8	1.05	6.9	1.05	7.4	0.97